

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/555987	FILING DATE					
							APPLICANT(S)						
							6/9/64 CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/		51						
2		/				/	52						
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49							99						
50							100						
TOTAL IND.	4	↓		↓	2	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	↓		↓	16	↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	21				18		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

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